

B 210A (Form 210A) (12/09)

**United States Bankruptcy Court
Southern District of New York**

In re Lehman Brothers Holdings Inc., et al., Debtors.

Case No. 08-13555 (SCC)
(Jointly Administered)

PARTIAL TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee and Transferor hereby give evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice. Transferor waives its right to raise any objection to the transfer of the claim to Transferee, and Transferor waives its right to receive notice pursuant to Rule 3001(e), Fed. R. Bankr. P. of the transfer of the claim. Transferor consents to the substitution of Transferor by Transferee for all purposes in the above referenced bankruptcy cases with respect to the claim, including without limitation, for voting and distribution purposes. Transferor stipulates that an order of the Bankruptcy Court may be entered without further notice to Transferor transferring the claim to Transferee and recognizing Transferee as the sole owner and holder of the claim. Transferor hereby directs that all payments, distributions, notices and communications in respect of or with respect to the claim be made to Transferee.

HOWARD HUGHES MEDICAL INSTITUTE

Name of Transferee

GOLDMAN SACHS LENDING PARTNERS LLC

Name of Transferor

Name and Address where notices to transferee should be sent:

Howard Hughes Medical Institute
Attn: Investment Fund Services – HHMF502567
4000 Jones Bridge Road
Chevy Chase, MD 20815
Telephone: 301-215-8713
Email: ifundservices@hhmi.org

Court Claim # (if known): 58233
Amount of Claim Transferred: \$164,000.00
Date Claim Filed: October 30, 2009
Debtor: Lehman Brothers Holdings Inc.

With a copy to:
Serengeti Asset Management LP
632 Broadway, 12th Floor
New York, NY 10012
Attn: Erin Rogers
Telephone: 212-672-2248
Email: sam.ops@serengeti-am.com

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

HOWARD HUGHES MEDICAL INSTITUTE

By: Lendi Zimmerman
Transferee/Transferee's Agent

Date: 2/21/14

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

Agreed and acknowledged:

GOLDMAN SACHS LENDING PARTNERS LLC

By: _____
Transferor/Transferor's Agent

Date: _____

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

HOWARD HUGHES MEDICAL INSTITUTE

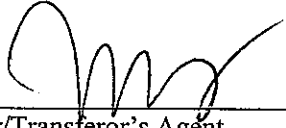
By: _____
Transferee/Transferee's Agent

Date: _____

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Agreed and acknowledged:

GOLDMAN SACHS LENDING PARTNERS LLC

By:  _____
Transferor/Transferor's Agent

Date: 2/21/14